

## **30-Day Comment Period For**

- 1. Utilization Review Criteria for CAP-MR/DD Recipients Residing at Home**
- 2. Utilization Review Criteria for CAP-MR/DD Recipients Residing in Residential Placements**

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**Attached you will find the drafts of the Utilization Review Criteria for CAP-MR/DD Recipients Residing at Home and Utilization Review Criteria for CAP-MR/DD Recipients Residing in Residential Placements. The levels of services\* on the utilization review criterion represent anticipated needs based on an individual's SNAP Index Score\*\*. An individual's person centered plan of care should reflect his or her services and supports needs. The utilization review criterion were developed as a means of providing *guidance* to LME staff responsible for reviewing CAP-MR/DD person centered plans of care and authorizing waiver services.**

**\*Services on the utilization review criterion are contained in the draft CAP-MR/DD waiver and revised State Medicaid Plan, both of which must be approved by the Centers for Medicare and Medicaid Services prior to implementation. The services are proposed to take effect on July 1, 2005.**

**\*\*SNAP Index Score: The sum of the domain scores from page 1 of the NCSNAP form equals the raw score. Multiply the raw score by the overall SNAP score, which is the highest score an individual receives in any domain. The result is the index score.**

**The Division will receive comments on these draft documents for a 30-day period ending February 18, 2005. Due to resources, time and efficiency problems, feedback will not be responded to on an**

**individual basis. Comments must be submitted by email, fax or written communication. Comments should be directed to:**

**Lea Slaton  
Planning Team  
DMH/DD/SAS  
3003 Mail Service Center  
Raleigh, North Carolina 27699-3003  
Email: [Lea.Slaton@ncmail.net](mailto:Lea.Slaton@ncmail.net)  
or  
Fax: (919) 733-1221**

**Utilization Review Criteria  
For CAP-MR/DD Recipients Residing at Home**

**Home = own home or with natural family**

<b>Service</b>		<i>LEVEL 1 SNAP Index 12-44</i>	<i>LEVEL 2 SNAP Index 45-78</i>	<i>LEVEL 3 SNAP Index 80-92</i>	<i>LEVEL 4 SNAP Index 95-230</i>
<b>Targeted Case Management</b>	Initial Plan Development	10 hours total	12 hours total	15 hours total	16 hours total
	Annual Reassessment	5 hours total	7 hours total	8 hours total	9 hours total
	Ongoing	24 hours/year	48 hours/year	60 hours/year	72 hours/year
<b>Respite</b>		16 hour/month	24 hours/month	32 hours/month	48 hours/month
<b>Personal Care</b>		40 hours/month	80 hours/month	120 hours/month	180 hours/month
<b>Residential Supports</b>		N/A	N/A	N/A	N/A
<b>Home and Community Supports, Day Supports, Supported Employment</b>		120 hours/month for any combination of these services and the State Medicaid Plan service Developmental Therapies	120 hours/month for any combination of these services and the State Medicaid Plan service Developmental Therapies	120 hours/month for any combination of these services and the State Medicaid Plan service Developmental Therapies	120 hours/month for any combination of these services and the State Medicaid Plan service Developmental Therapies

- Individuals at level 3 or 4 are eligible for Enhanced Respite and Enhanced Personal Care Services
- Hours of Home and Community Supports, Day Supports, Supported Employment and the State Medicaid Plan service Developmental Therapies can be exchanged for additional Personal Care hours, if indicated on the person centered plan

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# Utilization Review Criteria For CAP-MR/DD Recipients In Residential Placements

**Residential = alternative family living or provider managed residences**

<b>Service</b>		<i>LEVEL 1 SNAP Index 12-44</i>	<i>LEVEL 2 SNAP Index 45-78</i>	<i>LEVEL 3 SNAP Index 80-92</i>	<i>LEVEL 4 SNAP Index 95-230</i>
<b>Targeted Case Management</b>	Initial Plan Development	8 hours total	8 hours total	12 hours total	12 hours total
	Annual Reassess.	5 hours total	5 hours total	7 hours total	7 hours total
	Ongoing	24 hours/year	24 hours/year	48 hours/year	48 hours/year
<b>Respite</b>		*4 hours/month	*8 hours/month	*16 hours/month	*24 hours/month
<b>Personal Care</b>		N/A	N/A	N/A	N/A
<b>Residential Supports</b>		Daily rate	Daily rate	Daily rate	Daily rate
<b>Home and Community Supports, Day Supports, Supported Employment</b>		120 hours/month for any combination of these services and the State Medicaid Plan service Developmental Therapies	120 hours/month for any combination of these services and the State Medicaid Plan service Developmental Therapies	120 hours/month for any combination of these services and the State Medicaid Plan service Developmental Therapies	120 hours/month for any combination of these services and the State Medicaid Plan service Developmental Therapies

\* Only available to individuals residing in alternative family living homes

\* Individuals at levels 3 and 4 are eligible for Enhanced Respite and Enhanced Personal Care services

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